



BOARD OF OPTOMETRY
2420 DEL PASO ROAD, SUITE 255
SACRAMENTO, CALIFORNIA 95834
TEL: (916) 575-7170
www.optometry.ca.gov



Continuing Education (CE) Self Certification

Name of Licensee: _____ Lic. No: _____
First Last

Active License Renewals

I certify that I have successfully completed the hours of continuing education (CE) required to renew my license. I completed (____) hours of CE within the preceding 24 months for the renewal of my license. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: _____ Date: _____

Inactive License Renewals (not subject to CE requirements)

I wish to renew my license as INACTIVE. I understand that I am not required to take continuing education, but I am required to pay the biennial renewal fee. I also understand that I cannot practice optometry or employ another optometrist in California with an inactive license.

Signature: _____ Date: _____

Address Change of Primary Place of Practice:

(New Address)

Street Address

City State Zip Code

Sign and return along with the biennial renewal fee of \$300.00 to:

2420 Del Paso Road, Suite 255
Sacramento, California 95834

Please note that an original signature is required. A faxed copy of this form is not acceptable.